

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KW	68904	10/15/00
O.I.P.E. CLASSIFIER			10-2000
FORMALITY REVIEW	HB	545	11.14.00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
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